

THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE
CONSTITUANT BEFORE INFORMATION CAN BE DISCLOSED FROM THE RECORDS OF A
GOVERNMENT AGENCY. SO THAT I MIGHT ACT ON YOUR BEHALF, I WOULD APPRECIATE
YOUR SIGNING THIS STATEMENT AND RETURNING IT TO ME. (If you are inquiring on behalf of
some one else, it is necessary that THEY sign the release)

Dear Congressman Boyd,

This is to authorize you to secure information pertaining to my request for assistance.

Date

Signature

Name - Please Print

Mailing Address

City, State, Zip

Home Phone Work Phone

SSN/Military/Alien/ or any other pertinent identification number.

Federal Agency Involved

PLEASE RETURN FORM TO:

**CONGRESSMAN ALLEN BOYD
ATTN: Casework Staff
1650 Summit Lake Drive, Suite 103
Tallahassee, FL 32317
Phone: (850) 561-3979
Fax: (850) 681-2902**

PLEASE COMPLETE THE BACK OF THIS FORM

[illegible]

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Social Security Number: _____

Initial Claim Date Filed: _____

ALJ Hearing Date Filed: _____

Appeals Council Date Filed: _____